



AE American Association
of Endodontists
© Specialist Member

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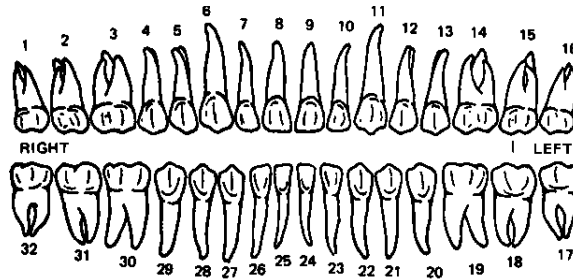
PRACTICE LIMITED TO ENDODONTICS

www.advanced-endocare.com

Date _____ Appt. Date _____

Introducing _____

Referring Doctor _____



(CIRCLE TEETH FOR ENDODONTIC CONSIDERATION)

Diagnostic

Information: Pulp Exposure Traumatic Injury
Sensitivity: Hot Cold Pressure
Pain: Constant Intermittent Vague
 Undetermined, please evaluate

Swelling Sinus Tract
 Radiographically Evident

Treatment: Tooth Opened Medicated Temporarily
 None

Analgesic _____
 Antibiotic _____

Preference: Post Space
 Nitrous Oxide Analgesia
 Oral Sedation
 General Anesthesia

Remarks: _____

White - Referring Doctor's Copy

Yellow - Patient

Pink - To Be Mailed